



Goshen

Community Development Coalition

COMPREHENSIVE COMMUNITY PREVENTION PLAN



UPDATE: 2007

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INTRODUCTION

Goshen is a community based coalition with a membership that began working together in the fall of 2001 to prevent and reduce the problems of substance abuse in Southern Nevada with an emphasis on the ethnically diverse, urban core of the Las Vegas Valley.

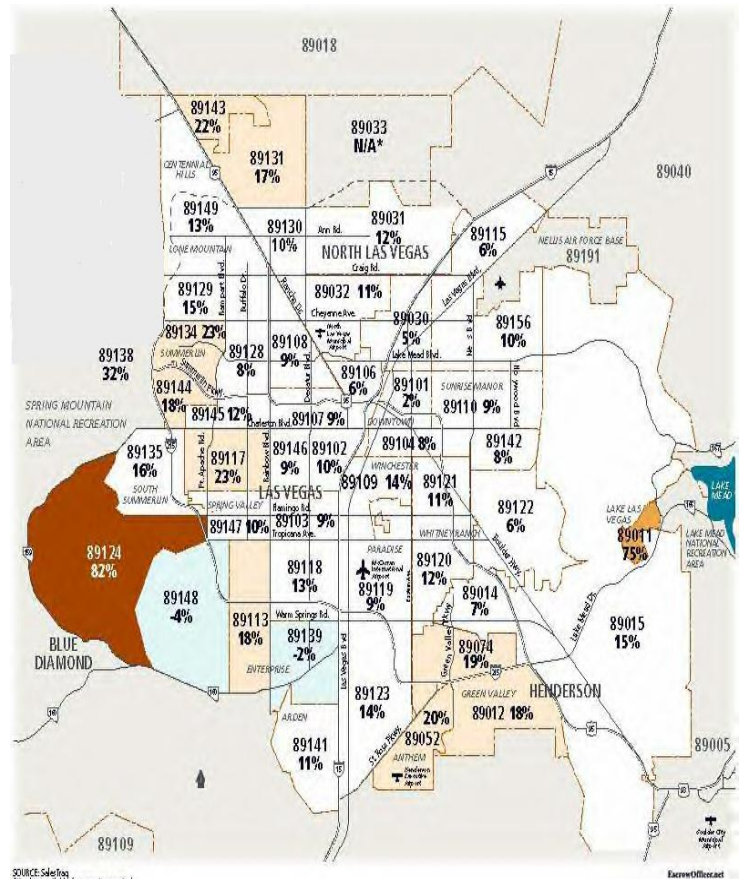
Our communities have unique characteristics and needs. The philosophy that fostered the foundation of Goshen is one that recognizes these unique characteristics and provides an opportunity for local residents to have a voice in the decision making process of community service and the shared responsibility of addressing local community needs and issues.

The vision and mission of Goshen is *"to prevent and reduce the problems of substance abuse while providing an opportunity for local residents to take responsibility for addressing local community needs"*. Goshen recognizes that to improve the outcomes for our children, we must work collaboratively to address the issues of family and community as well as individual and school issues. Goshen supports the development of a prevention system where collaboration is viewed as beneficial; where scarce resources can be leveraged; and where existing resources can be shared.

The Board of Directors of Goshen is a diverse group of community leaders from various backgrounds and areas of expertise. The Board of Directors is comprised of five (5) Key Leaders of the Las Vegas area. The Members of the Board have adopted a mission and a vision statement applicable to the task of community mobilization and revitalization.

Goshen accomplishes its vision through a community building process that includes community needs assessments, planning, community action, prevention programming, and other various initiatives. Community members were introduced to the theory of prevention planning through a community building process that began in 2001.

Goshen has sustained our community planning process by continuing to engage and identify key stakeholders within our community. Youth, parents, individuals, representatives of the faith and business communities as well as community organizations have become a part of our growing community based network of Coalition Partners.



Goshen consistently engages our community at the local level through community based events, and thorough collaborations with our Community Partners, parents, employers, representatives of the academic system(s) and youth who assist us in the identification of community identified priorities, needs, resources and opportunities. Through our collaborations with our Community Partners, Goshen has received a distinct view and insight of the various strengths and challenges that affect the capacity and concerns of our community, which are outlined in this Comprehensive Community Prevention Plan (CCPP).

The federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the *Strategic Prevention Framework* (SPF) was utilized as the basis for the planning process to complete this document. The five steps of the SPF are reflected in our CCPP and are:

- **Assessment**
- **Capacity**
- **Planning**
- **Implementation**
- **Evaluation**

Step 1: Assessment – Goshen collects existing substance abuse related data from the Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state, and national data sets. Coalition Partners have reviewed the data, participated in local focus group meetings, and have utilized this information to establish local priorities. These priorities are the focus of this CCPP and include:

- Alcohol abuse and other drug use/abuse including:
 - ✓ Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including:
 - ✓ DUI, and Riding with a drunk driver

Step 2: Capacity – Working with community data and with the assistance of Community Partners, Goshen gathered information regarding strategies, programs, and services that exist within our community. Coalition Partners began this process in 2001 and have continued to regularly identify and review information. Goshen builds capacity by effectively and strategically addressing substance abuse in its many forms.

Step 3: Planning – Following the process of assessment and capacity building, Goshen, in collaboration our Community Partners developed a strategic plan that addresses the priorities identified in the assessment section. This plan serves as our community's prevention blueprint for action.

Step 4: Implementation – Goshen currently funds seven (7) Community Partners with resources to implement programs and strategies that address our community's priorities. Our Community Partners serve approximately 3,500 youth, young adults, and families throughout Clark County.

Step 5: Evaluation – Evaluation measures the impact of the SPF SIG process related to the implementation of programs, policies, and practices. Goshen monitors the four core measures targeted by the SPF SIG which are – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national data sets. All programs funded by Goshen are evaluated using standardized instruments. Goshen participates in the evaluation process identified by the Pacific Institute of Research and Evaluation (PIRE) to ensure that we are operating efficiently and effectively. We are currently collaborating with the Substance Abuse Prevention and Treatment Agency (SAPTA) and the Nevada Statewide Coalition Partnership to create a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed, completed in order, and cyclical in that they are repeated in the community over time. In the coming year, the plan established by Goshen and our Community Partners will be used to determine the direction of prevention within Clark County. Our CCPP concludes with a Community Action Plan designed to assist us in the mobilization of our community.

Our Community Action Plan charges the staff of Goshen, our sub contractors, Community Partners and volunteers, with the implementation of the CCPP within our community as outlined in Section 3: Planning. Consistent implementation of the CCPP will provide our community with a synchronized, coherent, strategic design that will result in our communities increased capacity to *“prevent and reduce the problems of substance abuse while providing an opportunity for local residents to take responsibility for addressing local community needs”*.

THE STRATEGIC PREVENTION FRAMEWORK

Goshen has structured our CCPP in accordance with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). This process provides Goshen with the ability to continue to build upon our existing infrastructure for the implementation of effective, sustainable substance abuse prevention services.



Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity - Mobilize and/or build capacity to address needs

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning - Develop a Comprehensive Strategic Plan

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measures.



Step 1: Assessment

Goshen's assessment process is a vehicle for identifying community priorities based on the collection and review of data, which define the problems, resources, and the local conditions of Southern Nevada with an emphasis on the urban corridor of the Las Vegas Valley. Assessment is the first step in a process that is used to create evidence-based approaches for improving the problems, practices, and policies in our community.

Goshen recognizes that the primary goal of the assessment process is the identification of our communities' prevention needs as well as the positive elements within our community.

The assessment process is inclusive of periodic reviews of how we and our Community Partners obtain and record data reflective of our communities' issues and concerns as well as the inclusiveness of all elements and factions of the multiple sectors of our community as participants in the process.

The assessment process has allowed us to establish a systematic process for examining the current conditions of our community and to identify our community's level of risk and protection. The process has allowed us to:

- Create an objective community profile
- Determine the geographic and demographic areas that are at greatest risk
- Ensure that we are putting our time and money where they will have the greatest impact
- Demonstrate to policy makers the need for funding of our prevention programs
- Identify research-based strategies for implementation in our community
- Assess substance use and the related problems of substance use
- Assess resources, gaps, and readiness
- Establishment of recommendations regarding community priorities

Questions that the process leads us to review are:

- Has our community used ATOD consequence data in the past as part of our assessment process?
- Is our community level consequence data readily available?
- How does community readiness impact our prevention planning and interventions?

We recognize the importance of community support and the commitment of our Community Partners for the needed resources to implement an effective prevention effort. This component of the process allows us to:

- Assess our community's readiness for prevention
- Implement strategies to improve our community's readiness

Through the assessment process, we have an opportunity to review:

- Community tolerance lack or limited knowledge related to the identified issues through the hosting of small-group and one-on-one discussions with Community Partners to identify perceived benefits of substance abuse and how norms reinforce use as well as the health, psychological, and social costs of substance abuse to change perceptions among those charged with the development and implementation of programs and strategies.
- Denial related to the social costs of substance abuse and the utilization of local incidents that illustrate harmful consequences of substance abuse in one-on-one discussions and educational outreach programs.

- Vague awareness of educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in other communities with similar characteristics to our community harmful consequences of substance abuse and the inclusion of local media campaigns that emphasize consequences of substance abuse.
- Review educational outreach programs that include prevalence rates and correlates or causes of substance abuse the concept of prevention specific educational outreach programs and the inclusion of local media campaigns that emphasize the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming.
- Implementation of educational outreach programs available to Community Partners and members on specific types of prevention programs, their goals, and the process of implementation, goals, staff requirements, and other startup aspects of programming and our local media campaigns as the vehicle that describes and disseminated information related to the benefits of prevention programs for reducing consequences of substance abuse.

A vital component of the assessment process is the continued training of the staff of Goshen and our Community Partners in the continued assessment of new drug-related problems and the reassessment of target populations within our community, continued evaluation of program effort, program activity updates, results and benefits through our local media and community events.

Since 2001, Goshen's priorities have been defined in terms of Risk and Protective Factors with an overarching vision of "preventing and reducing the problems of substance abuse and providing an opportunity for local residents to take responsibility for addressing local community needs and improving the outcomes for our children by working collaboratively to address the issues of family and community as well as individual and school issues".

To date, Goshen has worked to reduce substance use/abuse by supporting programs and activities that have been shown to address these Risk and Protective Factors:

- Availability of Drugs
- Academic Failure: Late Elementary School
- Favorable Attitudes & Involvement in the Problem Behavior
- Parental Supervision
- Child's Attachment to Parent
- Parent's Attachment to Child
- Reading Percentile
- Mathematics Percentile
- Commitment to School
- Attachment to Teachers
- Parent's Expectations for Child to Go to College
- Parent's Values About College
- Peers Have Conventional Values
- Parent's Positive Evaluation of Peers

These Risk and Protective Factors are addressed as the following priorities within Clark County:

A. Priorities

- Alcohol abuse and other drug use/abuse including:
 - ✓ Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including:
 - ✓ DUI, and Riding with a drunk driver

The assessment section describes the collection of data to define the problems, resources, and the local conditions within Clark County. This data will be used to identify evidence-based approaches for addressing the problems, practices, and policies in our community. Goshen collects existing substance abuse related data from the Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state, and national data sets. Community Partners representative of the various sectors of our community reviewed the data, participated in Goshen coalition meetings, trainings, local focus groups, town hall meetings and youth summits to establish our priorities. The priorities are the focus of this CCpp.

The goal of using data in the assessment process is to be able to identify the priorities of the community and to review data indicators that will provide the basis for the implementation of evidence based programs, policies, and services. Through the analysis of state and local data Goshen is able to identify target populations within our community. Areas that will be included in the assessment section will include individual behavior that is related to substance abuse, community conditions and attitudes, family involvement, parental attitudes, academic influences; youth risk perceptions, and substance consumption patterns.

B: Data Indicators

- Binge Drinking
- Perception of harm/risk
- Alcohol outlet density
- 30-Day Use
- Lifetime Use
- Age of onset
- Parental Monitoring
- Adult attitude toward behavior
- DUI Rates
- Traffic Fatalities
- School Incident Reports (alcohol and drug use on campus)
- Graduation / Drop Out Rates
- Teen Births
- Math, Science, Reading Percentiles

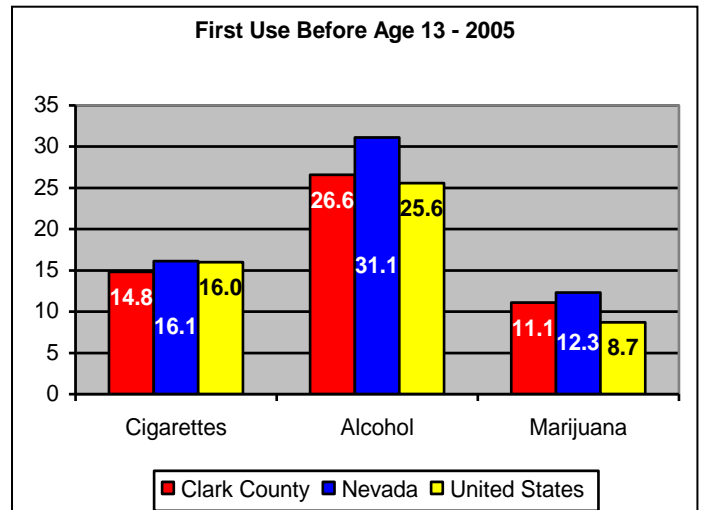
Key milestones of our assessment process have been:

- Development of problem statements
- Identification of potential geographic target areas and populations
- Assessment of readiness, external factors, and potential barriers to success
- Assessment of organizational, fiscal, and leadership capacity
- Assessment of cultural competence
- Analysis of service gaps
- Assessment of substance-abuse related problems using epidemiological data

- Identification of the magnitude of the problem and where it is greatest
- Identification and prioritization of community risk and protective factors
- Assessment of our communities assets and resources, gaps in services, capacity, and readiness to act

Although drinking by persons under the age of 21 is illegal, young people continue to drink almost 20% of all alcohol consumed in the United States. Alcohol use by youth is a major health concern and it is the most commonly used and abused drug among the young people throughout the United States. Under-age alcohol use is better understood if the community has an awareness of when youth begin to drink, how alcohol is obtained, and other health and community factors that might influence their drinking patterns. In addition, the earlier young people begin engaging in risky behaviors the greater likelihood they will have chronic problems with these behaviors later.

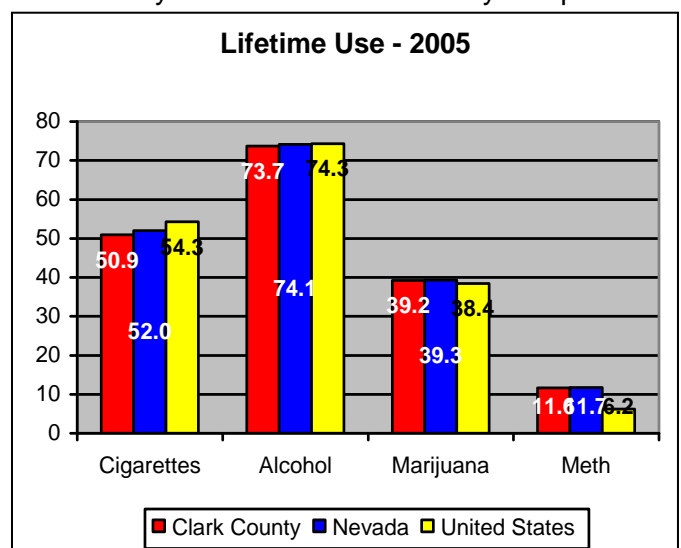
The National Center for Chronic Disease Prevention and Health reported in 2006 that teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to begin using marijuana, and 22 times more likely to begin using other illicit drugs. The data presented in the Illustration indicates the percentage of students who smoked, had their first drink of alcohol, or tried marijuana before the age of 13. This data, as well as all subsequent data, represents Clark County along with state data for comparison purposes. The data indicates that our community has a first use rate of alcohol and marijuana above the national average.



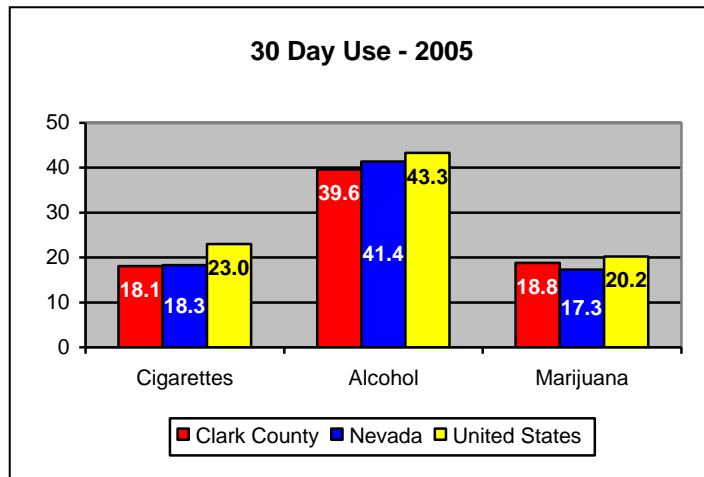
In the discussion of substance use among students, there must be a distinction made between prevalence and incidence of substance use. Prevalence of substance use is defined as any use during the lifetime of the student, regardless of the number of occurrences. Incidence of substance use is defined as use of a substance within the last 30 days, regardless of the number of occurrences. The rate of lifetime substance use by students in Clark County is equal to the national reported rate for alcohol, tobacco, and marijuana use.

Alarming, the rate of lifetime use for Methamphetamine by students in Clark County is nearly double the national reported rate. The graph illustrates reported lifetime use of alcohol, cigarettes, marijuana, and Methamphetamine. The reported data provides evidence of the challenges that Clark County is facing with regards to alcohol, marijuana, tobacco, and methamphetamine use among students.

Statewide, 41.4% of students reported using alcohol sometime in the past 30 days. Clark County's student rate of use demonstrates that 4 out of every 10 students have consumed alcohol in the last 30 days. Although marijuana 30-day use rate was lower than alcohol, approximately 2 out of every 10 students report using



marijuana during the last 30 days. Currently, the YRBS studies do not report 30-day use of methamphetamines. The rates illustrated in the graph, provide evidence of the challenges facing Clark County in addressing the specified priorities set forth in this document.



Reported use rates are one factor to be considered in addressing the needs of students in Clark County, however a complete picture of the local conditions will give greater understanding in addressing the needs of the community. The availability of substances, community norms, attitudes, and perceptions are core measures of the community.

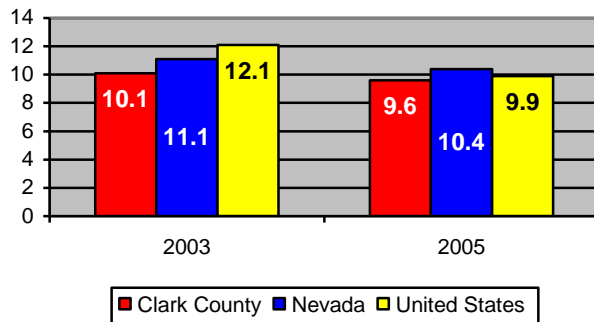
The more readily available alcohol, marijuana, and methamphetamines are in a community, the higher the risk that abuse will occur in that community.

Perceived availability of substances is also associated with increased risk of abuse. Schools and school property can be places where young people are offered or can purchase illegal drugs and alcohol. The availability of drugs and alcohol on school property can be a disruptive and corrupting influence in the school environment. The 2005 YRBS reported that nationwide 25.4% of students had been offered, sold, or given an illegal drug by someone on school property. The nationwide incidence rate reflected a reported rate during the 12 months preceding the survey. During the same period the prevalence rate of having been offered, sold, or given an illegal drug on school property in Nevada was 32.6%, and Clark County was 35.3%. The apparent availability of drugs in the schools puts our students at high risk for abusing drugs.

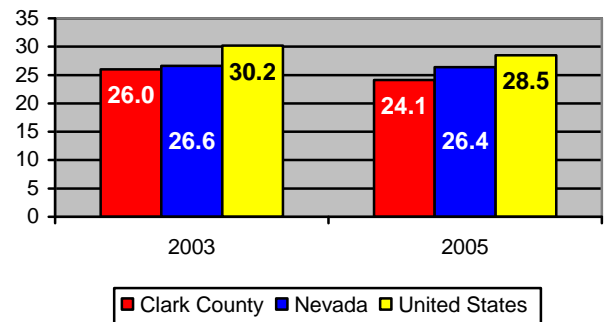
Schools are not the only place that students are able to purchase drugs and alcohol. The community itself through its community norms is a contributory factor in substance use and abuse by youth. The attitudes and policies of a community can be correlated to drug use, alcohol use, violence, and crime within the community and especially among young people. A community can communicate to its citizens in a variety of ways; through laws and written policies, informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse, violence or crime, or even when they are unclear, young people are at a higher risk for substance abuse.

One way to measure risky behavior by students is the percent of students who drive cars after they have been drinking or ride in a vehicle with a driver who has been drinking. Studies have shown that while some students will not risk drinking and driving or riding with a drunk driver, the over all percentage of students engaging in this risk behavior shows that approximately 1 out of 10 students are drinking and driving and an alarming 3 out of 10 students are riding with a drunk driver. This data indicates that a percentage of students do not perceive the combination of alcohol and driving to be a great risk to themselves or others.

Drinking and Driving in Past 30 Days

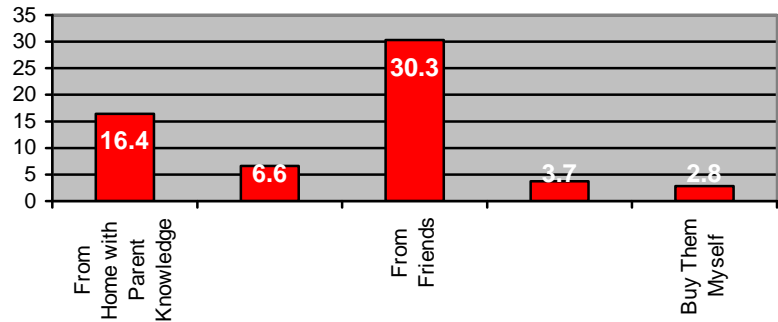


Riding with a Drunk Driver - Past 30 Days



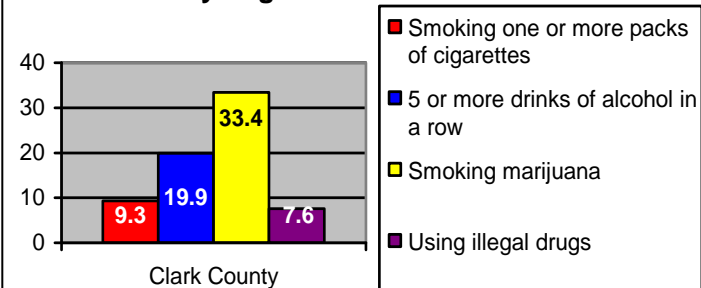
Along with understanding how easy it is for students to obtain alcohol and drugs, it is also necessary to look at the manner in which students obtain these substances. In 2005 students reported that the most common way to obtain alcohol was through a purchase made by a friend. In addition, students reported that they were also able to obtain alcohol from home with parental approval at a rate of 16.4%. Over thirty percent of students reported having friends purchase alcohol for their use. The following graph illustrates the results of this data.

Where Clark County Students Get Alcohol - 2005



One of the concerns is the existence of favorable attitudes towards problem behavior by students and adults. During elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school there is a change in attitudes as their peers begin to participate in such activities and their attitudes shift toward a greater acceptance of these behaviors. This acceptance translates to the perception that the problem behavior is not harmful, thus putting youth at a higher risk of problem behavior. Slightly over 30% of youth feel that there is "no" or only a "slight" risk of harming themselves if they smoke marijuana.

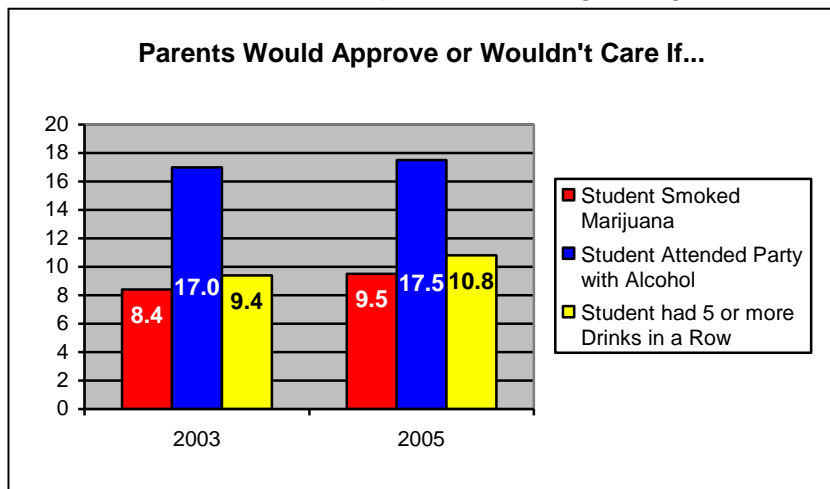
No or Only Slight Risk to Themselves - 2005



Binge drinking is a risk factor that some students perceive as having "no" or only a "slight" risk of harming themselves. Binge drinking is considered as having 5 or more drinks of alcohol in a row. The Center for Disease Control and Prevention (2006) reports that about 90% of the alcohol that is consumed by youth under the age of 21 is in the form of binge drinking. The proportion of drinkers that have drunk in the past 30 days reporting that they binge

drink and the highest rate of binge drinking is among 18 to 20 year olds (52.1%). Binge drinking not only puts young people at a high risk for alcohol poisoning, it also puts them at risk for unintentional injuries such as car crashes, falls, drowning, and other such injuries. In addition, there is a greater risk for sexual assault, domestic violence, sexually transmitted diseases, and pregnancy. The 2005 YRBS report indicated that 19.9% of Clark County students felt that there is “no” or only a “slight” risk of harming themselves if they have 5 or more drinks of alcohol in a row. Favorable attitudes towards the problem behaviors discussed are shown in the accompanying graph.

Parental attitudes and involvement in the problem behavior towards drugs, crime, and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children’s use, children are more likely to become drug abusers in adolescence. How students perceive their parents’ attitudes can indicate the parental attitudes that are displayed in the home. Students reported that they felt their parents would not care or would approve of them attending a party where alcohol is served is 17.5% in Clark County in 2005.



Goshen’s Board, staff, and Community Partners will continue to use statewide and local data to address the stated priorities within the Clark County area. Annual reviews of the data will allow Goshen to measure the effectiveness of programs and strategies that address alcohol and drug abuse as well as drinking and driving.

Target Populations

Goshen recognizes that the intended population of the anticipated services is multi-cultural and diverse in their ethnic make up. They are also distinct from community to community and we recognize that cultural relevance must be identified and addressed in the selection of services for the various populations that we serve. The four target populations are the community, family, school, individuals and peers. Within each population are risk and protective factors that our community will address as they relate to the availability of drugs and alcohol, ease of purchase for use, and the community beliefs toward underage drinking.



Step #2: Capacity

Building capacity and infrastructure that can be sustained over time within Clark County is a process, which relies upon the active participation of our Community Partners. Goshen recognizes the challenges of building capacity and sustaining a system of prevention over time. We understand that effective prevention requires community level change and requires more than securing funds for individual programs. This section provides valuable insight into our community's prevention efforts while identifying and describing our strengths and gaps.

Effectively serving the diverse region that falls within Goshen's service area requires an approach that is designed to meet our unique needs. Goshen began the process of community development through the identification, development, and implementation of effective prevention programs and services.

Goshen recognizes that

- Human resources
- Technical resources
- Management and evaluation resources
- Financial resources

are components of capacity building and are correlated to our communities' success. The process allows us to review and address competition and redundancy in the provision of services, engagement of our community, a focus for prevention planning and implementation efforts and efficient resource allocation and the accountability of resources.

Goshen utilizes the capacity building process to assist us in the identification of key stakeholders in our community and to determine if we are collaboratively involved in the planning and implementation of successful prevention interventions, the evaluation of our capacity to meet the identified needs, and if cultural competency is assessed as a part of our capacity evaluations.

As we transcend from the implementation of the SIG to the implementation of the SPF SIG, we recognize the need to mobilize our resources within identified geographic areas, reengage key stakeholders, and service providers to plan and implement sustainable prevention efforts, develop cultural competence to build upon the existing prevention infrastructure and the mobilization of financial and organizational resources.

We will also address the ongoing development of our community's capacity as part of each of the five steps of the SPF through the creation of partnerships representative of the multiple sectors of our community, the development of community readiness and leadership, and the strengthening of capacity through education and training focused on sustainability and evaluation.

Working with community data and with the assistance of our Community Partners, Goshen has assimilated information related to strategies, programs, and services that exist within our community. Coalition Partners began this process in 2001 and have continued to systematically identify and review community related data and its community impact. Goshen in collaboration with our Community Partners continues to build our communities capacity by effectively and strategically identifying and addressing substance use/abuse in its many forms and through the provision of training opportunities related to the identified strategies.

In 2006, Goshen began to explore options for a more effective structure. We have engaged in capacity building activities and strategies including:

- Town Hall Meetings
- Youth Summits
- Media Campaign Strategies
- Coalition Meetings
- Community Awareness Events
- Key Stakeholder meetings
- Collection and analysis of community data
- Community-wide youth and adult surveys
- Staff, community, and partner training events
- Youth Leadership training and events

These strategies and activities are designed to:

- Mobilize community resources
- Engage key stakeholders and service providers in the planning and implementation of sustainable prevention efforts
- Development of cultural responsiveness while building on the existing prevention infrastructure
- Mobilization of both financial and organizational resources
- Increased sustainability of outcomes and evaluation capacity
- Development and expansion of sustainable partnerships to provide resources and assistance

Building capacity and infrastructure that can be sustained over time within Clark County demands that tough questions are asked and answered within our community by our Community Partners and members.

Goshen's capacity building activities and strategies including recognition of the challenges and barriers inclusive of:

- Language
- Culture
- Transportation
- Accessibility
- Limited awareness about the issues and existing resources with our communities

The following chart highlights existing and needed resources.

Existing		Needed
State Funds – SAPTA / SPF SIG	Funding	Adequate funds to address priorities
		Funding for sustainability
DUI Laws	Laws Policy Norms	Consistent enforcement of laws and policies
Minor Purchase Laws		Awareness of healthy community norms
Beverage Server Training Laws		Community support of law enforcement
Leadership In Resiliency	Organizations, Programs, And People	More involvement in prevention activities
Positive Action		Youth Leadership
FACE Truth and Clarity		
Social Norms Model		
Challenging College Alcohol Abuse		
Clark County School District		
EUDL		
Social Host and Server Training		
Faith-Based Organizations		
Parenting Wisely		
Families who Care		
Clark County Juvenile Justice		
Media Representatives		
Local Business Entities		
Substance Abuse Prevention Agencies and Organizations		
Substance Abuse Treatment Agencies and Organizations		
Planned Parenthood		
Communities In Schools		
Nevada Community Foundation		
Office of Minority Health		
Bureau of Family Health		
Nevada Department of Education		
National Conference of Black Mayors		
Enforcing Underage Drinking Laws		
Community Based Organizations	Information and Referrals	Support for credit deficient students
Faith Based Communities representative of the communities population		Support for parents of high-risk youth
Youth and service organizations		
Local law enforcement		
Juvenile Probation	Equipment and Facilities	Increased availability of existing facilities
Clark County School District		Transportation for youth and families requiring and or requesting services
Community Based Organizations		
Library District		
Faith Based Community		
Southern Nevada Workforce Investment Board		



Step #3: Planning

With the completion of the assessment and capacity building process, Goshen, in collaboration with our Community Partners developed a strategic plan to address the identified priorities. This plan serves our Community Partners as the foundation of the prevention initiatives (environmental, direct services model and research based strategies) considered for implementation by our Community Partners.

Our Comprehensive Strategic Plan includes a comprehensive, logical, and data driven plan to address the problems identified using the capacity built or mobilized inclusive of strategic goals, objectives, and performance targets, as well as a logic model and in action plans.

We will continue to review what types of prevention planning has occurred in our community in the past and what types of resources we will need to implement our strategic plan.

Through our planning process and the creation of our comprehensive plan, we will continue to identify and reassess the identified strategies to meet the substance abuse prevention needs of our community and determine the costs and resources needed for effective implementation of the selected evidence-based policies and programs for implementation in our community. This methodology will establish the foundation of the anticipated activities related to capacity expansion, training, support for the SPF processes, the development of monitoring and evaluation systems, the identification of strategies and the selection of evidence based programs, policies, and practices.

Recognizing that the SPF SIG is a data-driven process focused to address the needs of the state, we will review the necessary infrastructure development to address the states prioritized initiatives through the articulation of a clear vision with identified priorities, milestones, outcomes, training, funding mechanisms to allocate resources and the issue of infrastructure sustainability.

Our planning process include the identification of target populations and communities, cultural competency and relevance, the role of Community Partners and key stakeholders in the development of our plan, identification of the data used for our decision making process, acknowledgement of potential barriers to Implementation of the proposed SPF SIG activities, documented need, identified resources and strengths, measurable objectives and performance measures, utilization of baseline data, process for the adjustment of our plan as the result of ongoing needs assessments and monitoring and the creation of a long-term strategy to sustain policies, programs, and practices.

Planning involves the development of a comprehensive plan that outlines goals, outcomes and strategies that are the basis for a logical, data-driven plan to address the identified priorities. In order to address the identified priorities, gaps in capacity, challenges, and barriers, and to serve our communities with the most need, Goshen endeavors to:

- Sustain current evidence based services and programs that are deemed to be effective
- Increase local access to the prevention planning process
- Expand implementation of strategies and activities within each county

The following section outlines Goshen's intended outcomes, intervening variables, and recommended strategies to address the priorities, gaps in capacity, and gaps in services, which have been identified thus far. These will guide the implementation of Goshen's Strategic Prevention Framework and address Goshen's mission by improving access to needed prevention services within each community

C: Outcomes

- Increased local capacity to address substance use/abuse
- Increased implementation of evidence-based prevention in a culturally relevant manner
- Prevention efforts resulting in changes in intervening factors including:
 - o Knowledge
 - o Attitudes
 - o Perceptions
 - o Norms
 - o Behaviors

D: Intervening Variables

- Low perceived risk of alcohol and marijuana use
- Easy retail access to alcohol
- Easy social access to alcohol and marijuana
- Social norms accepting and/or encouraging alcohol use
- Promotion of alcohol use
- Low enforcement of alcohol laws
- High rates of academic failure
- Lack of parental involvement
- Low parental monitoring

E: Strategies

- Community awareness to increase concerns about alcohol and other drug use/abuse
- Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes
- Strengthened local substance abuse prevention infrastructure
- Guidance and support for local implementation of the CCPP
- School-based education and academic support systems
- Family support systems



Step #4: Implementation

While additional resources have been brought to our community through the collective efforts of Coalition Partners, the consumption patterns among youth in our communities did not show a decline in the most recently published (2005) Youth Risk Behavior Survey (YRBS). Our Resource Assessment revealed that the majority of community resources have been focused on strategies that target individuals rather than on the community at large.

In order to address the identified gaps, challenges, and barriers, Goshen will continue to expand the recommended strategies with an increased focus on programs and strategies that involve long term, potentially permanent changes that have a broader reach to effectively address the identified priorities within the Clark County area. Goshen will implement a plan that includes but is not limited to the following type of activities:

F. Activities

- Enforcement of underage retail sales laws
- Social event monitoring
- Family support activities & training
- Youth engagement activities & training
- School engagement activities & training
- Media engagement activities & training
- Compliance checks
- Beverage Server Training
- Social Host training
- Evidence-based prevention strategies & activities
- Social Norms Campaigns

In preparation for sustaining the implementation of effective prevention, Goshen has engaged in the development of a comprehensive, logical, and data driven plan to address the priorities identified during the planning phase. Implementation involves action, which is guided by the process. Goshen's planning process resulted in a logic model focused on a system for affecting community level change.

Goshen's focus is a systematic process, inclusive of the identification of evidence-based programs, policies, and practices to address the strategies outlined in the planning section. Having researched and assessed the current alcohol and drug trends in Clark County, and having established a plan of action to address those trends, Goshen will move forward with implementation of a plan to favorably impact the identified priorities, illustrated in the Logic Model.

Goshen currently funds the following entities:

- Committed 100 Men
- Nevada Partners
- University of Nevada Las Vegas
- Virgin Valley Family Resources
- WestCare Nevada
- Jewish Family Services
- Volunteer Center of Southern Nevada

We recognize that a vital component of the implementation process is the need to develop detailed action plans for elements of our prevention initiatives inclusive of the balancing of the fidelity of implementation with adaptation and the development of a detailed evaluation plan that includes process and outcome measurements and continual monitoring of implementation fidelity.

We have also vigilantly worked to establish the skills, knowledge and resources of our community in the selection of appropriate data-driven prevention strategies, the process of our community's selection of appropriate prevention strategies and community needs in terms of skills, knowledge and resources to provide the necessary support to the selected community's prevention strategies.

For the implementation of evidence-based prevention programs and infrastructure development activities, we will build the capacity of our infrastructure and other necessary support mechanisms, while honoring the process of our needs assessment, to build capacity, and the utilization of our strategic plan as the basis of implementation.

As we choose our strategies, we are cognizant of the need to address the problem identified and the causal factor(s) believed to be involved.

Goshen Community Coalition –Community Logic Model

A. Priorities	B. Data Indicators	C. Outcomes	D. Intervening Variables	E. Strategies	F. Activities
Alcohol abuse and other drug use/abuse including: Binge Drinking Marijuana Use Methamphetamine Use	Binge Drinking	Increased local capacity to address substance use/abuse	Low perceived risk of alcohol and marijuana use	Community awareness to increase concerns about alcohol and other drug use/abuse	Enforce underage retail sales laws
	Perception of harm/risk				Social event monitoring
	Alcohol outlet density	Increased implementation of evidence-based prevention in a culturally relevant manner	Easy retail access to alcohol		Family support activities & training
Drinking and driving behaviors including: DUI, and Riding with a drunk driver	30-Day Use		Easy social access to alcohol and marijuana	Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes	Youth engagement activities & training
	Lifetime Use				
	Age of onset				
	Parental Monitoring	Prevention efforts resulting in changes in intervening factors including: Knowledge Attitudes Perceptions Norms Behaviors	Social norms accepting and/or encouraging alcohol use	Strengthened local substance abuse prevention infrastructure	School engagement activities & training
	Adult attitude toward behavior		Promotion of alcohol use		Media engagement activities & training
	DUI Rates		Low enforcement of alcohol laws	Guidance and support for local implementation of the CCPP	Compliance checks
	Traffic Fatalities		High rates of academic failure	School-based education and academic support systems	Beverage Server Training
	School Incident Reports (alcohol and drug use on campus)		Lack of parental involvement		Social Host training
	Graduation / Drop Out Rates				
	Teen Births		Low parental monitoring	Family support systems	Evidence-based prevention strategies & activities
	Math, Science, Reading Percentiles				



Step #5: Evaluation

Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. Goshen monitors the four core measures targeted by the SPF SIG, which are:

- 30-Day Use
- Age of Onset
- Perception of Parental Disapproval
- Perception of Harm/risk

Additionally, we will review:

- Perception of workplace policy; workplace AOD use; ATOD related suspensions and expulsions; attendance and enrollment
- Alcohol-related car crashes and injuries; alcohol and drug related crime
- Number of persons served by age, gender, race and ethnicity
- Total number of evidence-based programs and strategies, percentage of youth seeing, reading, watching, or listening to a prevention message
- Family communication around drug use
- Services provided within cost bands and compares local data to statewide and national statistics.
- Lifetime Use

All programs that are funded by Goshen are evaluated using standardized instruments. Through our collaborative partnership with the Substance Abuse Prevention and Treatment Agency (SAPTA), Goshen also completes an evaluation process to ensure the efficiency and effectiveness of our operating processes. We continue to collaborate with SAPTA and our sister coalitions in the development of a centralized database for the collection of process and outcome data.

These steps are linear in that they are addressed, completed in order, and cyclical in that they are repeated in the community over time. The plan completed by Goshen and our Community Partners will be instrumental in the future determination of prevention services and strategies implemented within Clark County.

The Board of Directors of Goshen as well as staff, sub contractors, Community Partners and volunteers, are committed to the implementation of the plan, as outlined in Section 3: Planning. We recognize that the consistency of the implementation of the CCPP will provide our community with a strategic design and foundation that will provide the desired result of increased capacity within our organizational structures to *“prevent and reduce the problems of substance abuse while providing an opportunity for local residents to take responsibility for addressing local community needs”*.

Through the evaluation process, we will document Goshen’s outcomes based upon the National Outcomes Measures (NOMs) for prevention. We will also monitor and evaluate our process, effectiveness, and the sustaining of effective programs/activities, while recognizing the need to improve or replace those that fail.

Through the evaluation process we will review the link between the EPI process and the evaluation data to be collected and reported, what data has been collected and how it was analyzed, what trends the data suggests and how are these trends considered in our planning process. We will establish an ongoing monitoring and evaluation processes in conjunction with the single state agency, to provide our Community Partners with the opportunities to:

- Receive technical assistance related to evaluation and performance measures
- Assess program effectiveness
- Identify successes
- Encourage improvement
- Promote sustainability of effective policies, programs, and practices
- And adjust implementation plans based on monitoring/evaluation activities

We will work with our single state agency to:

- Coordinate data collection
- Collect and report data on SAMHSA'S National Outcome Measures at all relevant levels, assist when possible with state-level evaluation
- Provide quarterly reports including evaluation information
- Participate in cross-site evaluation, including site visits and providing data to CSAP
- Consult and collaborate with the evaluation team
- Collect process evaluation
- Outcome data
- Outcome evaluation
- Review policy, program, and practice effectiveness
- Development of recommendations for quality improvement
- Provide evaluation reports and updates
- Provide recommendations for quality improvement
- Monitor and evaluate activities
- Provide performance data to the state

Evaluation measures the impact of programs and services as well as and how we meet the needs of program participants within our community. The process of evaluation involves collecting, analyzing, and interpreting information about how the coalition implements strategies and activities, and the impact of the programs and strategies that we fund. In Goshen's evaluation process, several types of data will be collected.

Process data will be collected and will describe the means by which program goals and procedures have been implemented and will provide documentation related to how and if the program has reached or failed to reach its target objectives. Implementation data will be collected to provide a basis for understanding program successes and formative needs. This data will answer the following program questions:

- What has been done?
- To what extent has, the program functioned as planned?
- What needs have been met?
- What are the resulting outcomes?
- What needs remain?

Outcome data will be collected and descriptive of project results and benefits to the community, students, and families served. Outcome data will answer the following program questions:

- What was accomplished relative to stated program goals?
- What attitude and behavior changes have occurred in students, their families, and in relationship between various adults who have collaborated around the program?

Process and implementation data will be collected from each program implemented. Outcome data will be collected throughout the program from participants and at the completion of the program. Evaluation methods may include anonymous surveys from participants for the purpose of enhanced implementations and the collecting feedback data.

Goshen will compile statistical data related to the identified community factors and conditions for review and comparison to state and federal reporting systems. We will also utilize the data collected from the community surveys developed to regularly gauge the perception and needs of our Community Partners for specific events/programs and strategies.

The data will be used to guide Goshen through the funding and implementation of programs that will address local capacity issues of substance use/abuse, create community awareness regarding alcohol and drug use/abuse, and to educate the community on current risk behaviors.

COMMUNITY ACTION:

Goshen recognizes the need and the weaving of cultural competence within the process of the SPG SIG as a response to current and projected demographic changes within our community and to eliminate long standing disparities in the quality of prevention services to people of diverse racial, ethnic, and linguistic populations; and consideration of gender, disabilities, and sexual orientation in delivery of prevention services while improving the effectiveness, quality of services, and positive prevention outcomes to targeted populations.

We incorporate cultural competence and relevance to our body of knowledge, awareness, and skill in the design, implementation, and delivery of prevention programs, policies, and practices to promulgate the philosophy that an effective program is a culturally competent program across the board, i.e., agency, policies, staff, and programs/practices.

We recognize cultural competency and relevance as a set of skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing focused interventions, communications, and other systems of support (Orlandi et.al.,(1992) as well as the attainment of knowledge, skills and attitudes to enable administrators and practitioners within systems of care to provide for diverse populations inclusive of an understanding of members languages, beliefs, norms and values, as well as socioeconomic and political factors that may have a significant impact on their well-being, and incorporating those variables into assessment and treatment. CSAP, (1993)

We honor the fact that cultural competence is a critical component of the SPF SIG process and systemically addresses issues of cultural competence in programming, training, technical assistance and policy statements of our expectations regarding cultural competence and awareness.

We will establish and monitor cultural competence as it relates to the steps of the SPF SIG process through prevention program service delivery and evaluation at the program level, delivery of culturally appropriate prevention programs, policies, and practices and implementation of culturally appropriate, tailored and designed and evaluation plans and strategies. We will review and implement the cultural competence requirements of the SPF SIG in the plans and strategies designed to implement culturally appropriate policies, programs & practices; organizational capability and experience of awardees in implementing culturally appropriate/competent prevention interventions; utilization, reliability and validity of culturally appropriate adaptations with evidence based programs, policies, and practices, organizational values, governance planning and monitoring/evaluation communication staff development organizational infrastructure services/interventions.

We recognize that cultural competence is an integral core of the sustainability of the Strategic Prevention Framework and the creation of a unique operating system that is inclusive, proactive, research-based, data-driven, community-specific, outcome-focused and supportive of the public health approach, the Social Development Strategy (SDS), built upon data-based predictors, Prevention Strategies (PS)-effective, tested programs and polices.

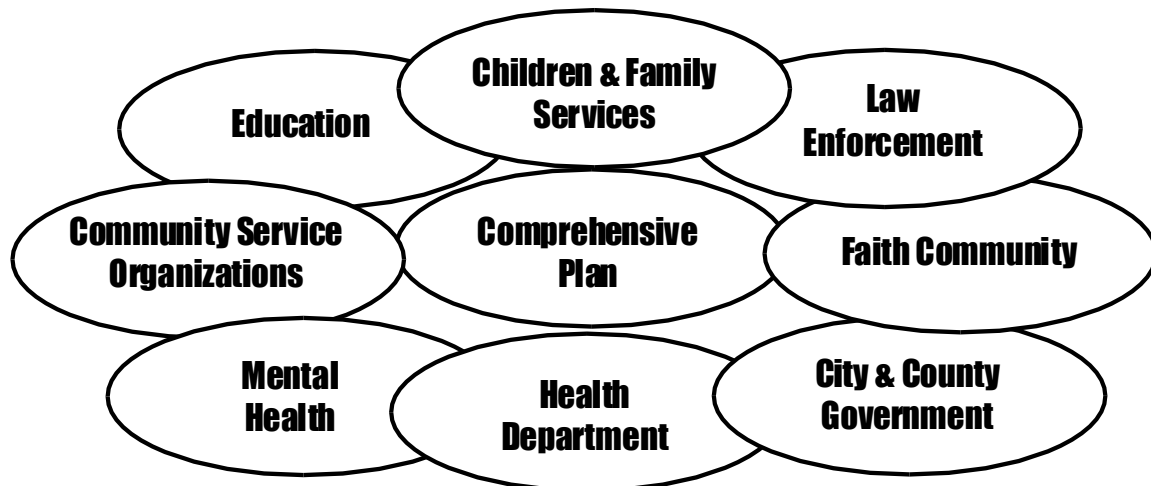
We recognize that to promote positive youth development and prevent problem behavior before it happens, we must address the factors, which increase the likelihood of positive behavior and decrease the likelihood of negative behavior.

The Social Development Strategy is a research-based model that organizes known protective factors and protective processes into a guiding framework for building positive futures.

As we look at what works, we will review programs that reduce known risk factors and enhance known protective factors, effective programs with the unique risk and protective factor profile of our community, the application of interventions at the appropriate developmental period, implementation of comprehensive, community-wide approaches that target multiple risks while addressing multiple problem behaviors with a comprehensive set of programs with attention to fidelity.

Our youth development plan is inclusive of:

- Program-based strategies
- Environmental strategies
- Systems-change strategies
- Universal Strategies
- Address Entire Population
- Message Aimed at Preventing or Delaying ATOD
- Assumed Population All Share the Same General Risk for Substance Abuse
- Delivered to Large Groups Without Prior Screening for Substance Abuse Risk



Universal Strategies

- Address Entire Population
- Message Aimed at Preventing or Delaying ATOD
- Assumed Population All Share the Same General Risk for Substance Abuse
- Delivered to Large Groups without Prior Screening for Substance Abuse Risk

Selective Strategies

- Target subsets of the total population that are deemed to be at-risk for substance abuse by virtue of their membership
- Risk groups may be identified by risk factors associated with substance abuse
- Targets the entire subgroup regardless of the degree of risk of any individual within the group
- Subgroup as a whole is at higher risk for substance abuse than the general population

Indicated Strategies

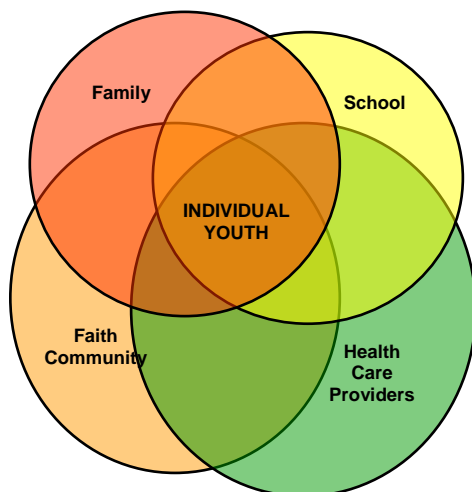
- Designed to prevent the onset of substance abuse for individuals who do not meet DMS-IV criteria for addiction
- Mission is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors

Prevention Strategies Attempt To Alter Two Kinds of Environments

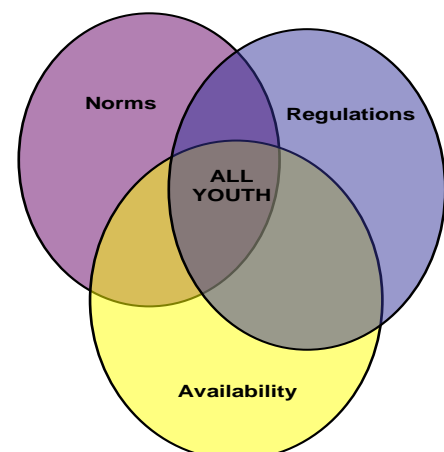
- Individualized Environments
 - ✓ The environments in which individual children grow, learn, and mature
- Shared Environment
 - ✓ The environment in which all children encounter threats to their health—including illicit drugs, alcohol, and tobacco

Two Kinds of Environments

Strategies Targeting Individualized Environments
Socialize, Instruct, Guide, Counsel



Strategies Targeting the Shared Environment
Support, Thwart



Factors in the Shared Environment address:

- ✓ **Norms**
- ✓ **Availability**
- ✓ **Regulations**

Based upon the assessed needs of our community and the identified risk factors, we have developed a Community Plan specific to the needs associated and identified by the SPF SIG process for the implementation of effective prevention programs, strategies, and initiatives within Clark County.

This document will be shared with the members of our community as the foundation of the services to be considered for implementation through the SPF SIG process.

The Board of Directors and Community Partners shall disseminate the CCPP for the mobilization of our community around the identified strategies for the planning of prevention initiatives within the Clark County area.

Goshen is dedicated to reducing the impact of substance abuse in Clark County by increasing knowledge, awareness, and support for an effective and comprehensive system of prevention. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 702-880-4357 or email GoshenCoalition@aol.com.

Thank you for your support as we
Build Better Communities...One Neighborhood At A Time!

Learn more about Goshen by visiting our web site at www.goshenonline.org